

09/18/05 5315

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

= 0-11 13.659

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS**	19 minus 20 =	
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X5 9=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	19 Minus .. 20	= -
	Independent	3 Minus ... 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

08/22/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	20 Minus .. 20	= 0
	Independent	4 Minus ... 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

03/08/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	13 Minus .. 20	= 0
	Independent	3 Minus ... 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X40=		OR	X80=	
-135=		OR	-270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	
		Filing Date	
		First Named Inventor	S. HAYASHI
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	FUJI 18.659
(\$) 750.00			

<p>METHOD OF PAYMENT</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 08-1634 Deposit Account Name: Helfgott & Karas, P.C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 710 201 355</td> <td></td> <td>Utility filing fee</td> <td style="text-align: center;">710</td> </tr> <tr> <td>106 320 206 160</td> <td></td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 490 207 245</td> <td></td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 710 208 355</td> <td></td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150 214 75</td> <td></td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$) 710</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>19.00</td> <td>-20** =</td> <td>18.00</td> <td>0</td> </tr> <tr> <td>3.00</td> <td>-3** =</td> <td>30.00</td> <td>0</td> </tr> </tbody> </table> <p>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18 203 9</td> <td></td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 80 202 40</td> <td></td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 270 204 135</td> <td></td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 80 209 40</td> <td></td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18 210 9</td> <td></td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$) 0</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	101 710 201 355		Utility filing fee	710	106 320 206 160		Design filing fee		107 490 207 245		Plant filing fee		108 710 208 355		Reissue filing fee		114 150 214 75		Provisional filing fee		SUBTOTAL (1)			(\$) 710	Total Claims	Extra Claims	Fee from below	Fee Paid	19.00	-20** =	18.00	0	3.00	-3** =	30.00	0	Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	103 18 203 9		Claims in excess of 20		102 80 202 40		Independent claims in excess of 3		104 270 204 135		Multiple dependent claim, if not paid		109 80 209 40		** Reissue independent claims over original patent		110 18 210 9		** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) 0	<p>3. 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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072
Signature	<i>[Signature]</i>	Telephone	212-643-5000
		Date	6/19/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Any fee due with this paper, not fully covered by an enclosed check, may be charged on Deposit Acct. No. 08-1634

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 750.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	S. HAYASHI
Examiner Name	
Group Art Unit	
Attorney Docket No.	FUJI 18.659

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 08-1634

Deposit Account Name: Helfgott & Karas, P.C.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710
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107 490	207 245	Plant filing fee	
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114 150	214 75	Provisional filing fee	
SUBTOTAL (1)			(\$) 710

2. EXTRA CLAIM FEES

Total Claims Independent Claims: 19/00 - 20** = 0 X 18.00 = 0

Multiple Dependent Claims: 3/00 - 3** = 0 X 80.00 = 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 0

**or number previously paid, if greater; For Reissues, use above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
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112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
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115 110	215 65	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
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141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
148 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			(\$) 40

SUBMITTED BY

Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072	Telephone	212-643-5000
Signature	<i>[Signature]</i>	Date	6/19/01		

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